

## **MoSAHOE**

### **MISSOURI STATE ASSOCIATION OF HEALTH OCCUPATIONS EDUCATORS**

#### **OUTSTANDING NEW TEACHER**

(New Professional) This award is meant to encourage new teachers to remain in the profession. This award will go to an individual who is currently employed as a full-time classroom teacher in a Health Occupations program. Nominees must have taught in a Vocational/Technical program not more than five years.

#### **QUALIFIERS:**

1. NOMINEE MUST BE A MEMBER IN GOOD STANDING OF MoACTE AND MoSAHOE.
2. ALL INFORMATION MUST BE TYPED.
3. PLEASE FOLLOW THE OUTLINE BELOW.
4. ATTACH THIS APPLICATION FORM TO THE FRONT OF THE DOSSIER.

#### **NAME OF NOMINEE**\_\_\_\_\_

1. A DESCRIPTION OF THE APPLICANTS CURRENT POSITION
2. SIGNIFICANT ACCOMPLISHMENTS FOR HEALTH OCCUPATIONS EDUCATION
3. PROFESSIONAL MEMBERSHIP AND ACTIVITIES
4. PROFESSIONAL CONTRIBUTIONS (MAY INCLUDE PRESENTATIONS AND PUBLICATIONS)
5. TRAINING AND EXPERIENCE BACKGROUND (TO INCLUDE EDUCATION TRAINING AND WORK EXPERIENCE)
6. CIVIC AND COMMUNITY INVOLVEMENT (TO INCLUDE CIVIC, FRATERNAL AND/OR HONORARY MEMBERSHIPS AND COMMUNITY ACTIVITIES OR CONTRIBUTIONS)
7. LETTER OF SUPPORT (LIMITED TO SIX); LETTERS COULD COME FROM THE NOMINEE'S IMMEDIATE SUPERVISOR, ADMINISTRATOR, A COLLEAGUE, A FORMER STUDENT, A PARENT, A COMMUNITY LAY PERSON AND/OR ANY OTHER OF THE NOMINEE'S CHOICE (NO LESS THAN THREE)
8. OUTSTANDING PERSONAL ACHIEVEMENTS AND/OR HONORS
9. NOMINEE'S PHILOSOPHY OF VOCATIONAL EDUCATION
10. SHARE A SUCCESS STORY ABOUT THE NOMINEE AND ONE OF HIS/HER STUDENTS (OPTIONAL). THIS COULD BE WRITTEN BY THE NOMINEE.

#### **PERSON SUBMITTING NOMINATION:**

TITLE:

SCHOOL NAME:

SCHOOL ADDRESS:

SCHOOL PHONE: